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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Doemling et al.

Art Unit: 2183

Serial No.: 09/924,808

Docket No.: FYSX-0003

Filing Date: 08/08/2001

Confirmation No.: 2589

Title: CONTENT ENHANCEMENT
SYSTEM AND METHOD

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

STATUS INQUIRY

Sir:

Applicants' representative respectfully requests the status of the above referenced patent application.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "Michael F. Hoffman".

Michael F. Hoffman
Reg. No.: 40,019

Date: November 22, 2004

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**TRANSMITTAL
FORM**

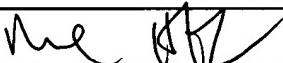
(to be used for all correspondence after initial filing)

		Application Number	09/924808
		Filing Date	Aug. 8, 2001
		First Named Inventor	Doemling et al.
		Art Unit	2183
		Examiner Name	
Total Number of Pages in This Submission		Attorney Docket Number	FYSX-0003

ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance communication to Technology Center (TC)
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Status Inquiry
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	Acknowledgment Postcard
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	
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<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Michael F. Hoffman - Reg. No. 40,019
Signature	
Date	November 22, 2004

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, PO Box 1450, Alexandria, VA 22313-1450.

Typed or printed name	Jennifer L. Shafer
Signature	
Date	November 22, 2004

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